### A. OVERVIEW

- Adolescent clients (defined as <18 years of age) have specialized needs when they come to a family planning program for services. Many need skilled counseling and detailed information to avoid contraceptive failure.
- 2. While research shows most adolescent clients who come to a family planning program have been sexually active nine months to one year, some teenagers are seeking assistance in reaching a decision about sexual activity. Abstinence should be discussed with all teens as a valid and responsible option.

### **B. CONTRACEPTIVE SERVICES**

- 1. Adolescents seeking contraceptive services **must** be informed about all methods of contraception, including abstinence.
- 2. Adolescents should be offered information about basic female and male reproductive anatomy and physiology.
- 3. All counseling and education must be documented.

#### C. CONFIDENTIALITY

- 1. Services provided to adolescents are confidential.
- 2. However, adolescents must be encouraged to discuss their needs and decisions with family.
- 3. The family planning program recognizes the key role **family members** have to play in teenagers' lives and ideally as primary sex educators.
- 4. Adolescents must understand that there are certain reportable situations that supercede confidentiality. Please refer to the section on Mandatory Reporting found at the end of this section, as well as in the Administrative Manual, Section I.

#### D. ENCOURAGING FAMILY INVOLVEMENT

Family involvement includes, but is not limited to, parental awareness of an adolescent's decision to seek family planning services, discussion of family planning options, and encouragement of responsible sexual decision-making. (See the brochure, "My Mom Would Kill Me..")

By integrating encouragement of family involvement into the family planning visit, the staff may help adolescents develop the interpersonal skills necessary to involve their families. Adolescents will need information about contraception, safer sex, abstinence, teen pregnancy, STDs, and HIV/AIDS. Adolescents often need to be introduced to the concept of responsible decision-making as regards their sexuality.

Motivating adolescents to involve **family** should include the following:

- 1. A straightforward explanation of the confidentiality policy. This would include examples of what information would have to be shared, e.g., situations covered under the mandatory reporting laws, reporting of certain STDs, threats to the client's safety, etc.
- 2. Stating it is the clinic policy to talk to all adolescents about family involvement
- 3. Asking whether the adolescent has ever talked to his/her parent about sex, birth control, or STDs.

- 4. Being positive about the potential benefits of **family** involvement, while allaying any fears about requiring **family** involvement.
- 5. Getting the adolescent to verbalize what the hardest part about talking to a parent **or family member** would be; what the worst part of the parent's **or family member**'s response might be; what the best part of involving the parent **or family member** might be.
- 6. Provision of the brochure, "My Mom Would Kill Me.." available from WH at CDPHE or some other brochure on the topic of **family** involvement that has been approved by your literature review committee.

#### E. COUNSELING ON RESISTING SEXUAL COERCION

Sexual coercion is the act of persuading or coercing a person, including an adolescent, into engaging into an unwanted sexual activity through physical force, threat of physical force, or emotional manipulation. It differs from rape in that the coerced individual feels it is easier to consent to sexual activity than to decline, because of an imbalance in power. Coercive situations may not be obvious, even to the coerced individual.

### Educational and counseling:

Information about sexual coercion must be provided to all new adolescent clients. It should be provided to any other client when there is suspicion of abuse or forced sexual activity. The imbalance of power can present itself through pressuring, intimidation, and threats; and it can be physical, emotional, psychological, or spiritual in nature. Education should include, but not be limited to:

- 1. an explanation of what coercion is
- 2. the right to refuse sex at any time without negative consequences
- 3. the right to set limits
- 4. an awareness of the different kinds of peer pressure that might lead to sexual coercion and how the influence of drugs and alcohol can affect behavior and decision-making ability
- 5. the importance of self-esteem and self-respect in avoiding coercive relationships
- 6. a list of any available community resources
- 7. provision of the brochure, "He Made Me Do It..." available from the WH at CDPHE or some other brochure on the topic of sexual coercion that has been approved by your literature review committee.

### F. DOCUMENTATION ON EDUCATION/COUNSELING

Education and counseling about **family** involvement and sexual coercion must be documented in the client chart. Use of a check off box is acceptable. If the topic is listed as "Adolescent Counseling" or "Teen Counseling" then marking it off would mean that the information listed under both 'D' and 'E' above has been covered. If the topics are listed separately, as "**Family** Involvement" and "Sexual Coercion" or "Partner Coercion," then each topic would need to be marked, as indicated.

Please be sure that your education check-off list covers these topics.

Documentation of abstinence counseling is required.

#### G. MANDATORY REPORTING

Delegate agencies must be compliant with all applicable state laws regarding the mandatory reporting of child abuse, child molestation, sexual abuse, rape, incest, or domestic violence. Agencies must have written procedures in place demonstrating compliance.

### Requirements of the Family Planning Program Staff

Family Planning Coordinators must assure that all staff is familiar with Colorado law as summarized on the following pages. At the end of the following excerpts from the Colorado Revised Statutes there are summary tables outlining: who is required to report, to whom the report is made, and what the penalties are for failure to report.

It is an expectation that the Family Planning Coordinator will solicit input from the various agencies and entities involved before writing up a procedure for how the clinic will respond to any reportable or potentially reportable situation as outlined in this policy. All Family Planning Program staff must be familiar with the policy and procedures outlined in this section.

### Applicable statutes:

Colorado Revised Statutes (CRS)

18-3-402. Sexual assault.

- (1) Any actor who knowingly inflicts sexual intrusion or sexual penetration on a victim commits sexual assault if:
- (a) The actor causes submission of the victim by means of sufficient consequence reasonably calculated to cause submission against the victim's will; or
  - (b) The actor knows that the victim is incapable of appraising the nature of the victim's conduct; or
- (c) The actor knows that the victim submits erroneously, believing the actor to be the victim's spouse; or
- (d) At the time of the commission of the act, the victim is less than fifteen years of age and the actor is at least four years older than the victim and is not the spouse of the victim; or
- (e) At the time of the commission of the act, the victim is at least fifteen years of age but less than seventeen years of age and the actor is at least ten years older than the victim and is not the spouse of the victim...

18-6-401. Child abuse.

(1) (a) A person commits child abuse if such person causes an injury to a child's life or health, or permits a child to be unreasonably placed in a situation that poses a threat of injury to the child's life or health, or engages in a continued pattern of conduct that results in malnourishment, lack of proper medical care, cruel punishment, mistreatment, or an accumulation of injuries that ultimately results in the death of a child or serious bodily injury to a child.

- (b) (I) Except as otherwise provided in subparagraph (III) of this paragraph (b), a person commits child abuse if such person excises or infibulates, in whole or in part, the labia majora, labia minora, vulva, or clitoris of a female child. A parent, guardian, or other person legally responsible for a female child or charged with the care or custody of a female child commits child abuse if he or she allows the excision or infibulation, in whole or in part, of such child's labia majora, labia minora, vulva, or clitoris.
- (II) Belief that the conduct described in subparagraph (I) of this paragraph (b) is required as a matter of custom, ritual, or standard practice or consent to the conduct by the child on whom it is performed or by the child's parent or legal guardian shall not be an affirmative defense to a charge of child abuse under this paragraph (b).

### 19-1-103. Definitions.

As used in this title or in the specified portion of this title, unless the context otherwise requires:

- (1) (a) "Abuse" or "child abuse or neglect", as used in part 3 of article 3 of this title, means an act or omission in one of the following categories that threatens the health or welfare of a child:
- (I) Any case in which a child exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling, or death and either: Such condition or death is not justifiably explained; the history given concerning such condition is at variance with the degree or type of such condition or death; or the circumstances indicate that such condition may not be the product of an accidental occurrence;
- (II) Any case in which a child is subjected to unlawful sexual behavior as defined in section 16-22-102 (9), C.R.S.;
- (III) Any case in which a child is a child in need of services because the child's parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care, or supervision that a prudent parent would take. The requirements of this subparagraph (III) shall be subject to the provisions of section 19-3-103.
- (IV) Any case in which a child is subjected to emotional abuse. As used in this subparagraph (IV), "emotional abuse" means an identifiable and substantial impairment of the child's intellectual or psychological functioning or development or a substantial risk of impairment of the child's intellectual or psychological functioning or development.
  - 19-3-304. Persons required to report child abuse or neglect.
- (1) Except as otherwise provided by section 19-3-307 and sections 25-1-122 (4) (d) and 25-4-1404 (1) (d), C.R.S., any person specified in subsection (2) of this section who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately upon receiving such information report or cause a report to be made of such fact to the county department or local law enforcement agency.
  - (2) Persons required to report such abuse or neglect or circumstances or conditions shall include any:
  - (a) Physician or surgeon, including a physician in training;

(b) Child health associate;
(c) Medical examiner or coroner;
(d) Dentist;
(e) Osteopath;
(f) Optometrist;
(g) Chiropractor;
(h) Chiropodist or podiatrist;
(i) Registered nurse or licensed practical nurse;
(j) Hospital personnel engaged in the admission, care, or treatment of clients;
(k) Christian science practitioner;
(I) Public or private school official or employee;
(m) Social worker or worker in any facility or agency that is licensed or certified pursuant to part 1 of article 6 of title 26, C.R.S.;
(n) Mental health professional;
(o) Dental hygienist;
(p) Psychologist;
(q) Physical therapist;
(r) Veterinarian;
(s) Peace officer as described in section 16-2.5-101, C.R.S.;
(t) Pharmacist;
(u) Commercial film and photographic print processor as provided in subsection (2.5) of this section;
(v) Firefighter as defined in section 18-3-201 (1), C.R.S.;
(w) Victim's advocate, as defined in section 13-90-107 (1) (k) (II), C.R.S.;
(x) Licensed professional counselors;
(y) Licensed marriage and family therapists;

- (z) Unlicensed psychotherapists;
- (aa) (I) Clergy member.
- (II) The provisions of this paragraph (aa) shall not apply to a person who acquires reasonable cause to know or suspect that a child has been subjected to abuse or neglect during a communication about which the person may not be examined as a witness pursuant to section 13-90-107 (1) (c), C.R.S., unless the person also acquires such reasonable cause from a source other than such a communication.
- (III) For purposes of this paragraph (aa), unless the context otherwise requires, "clergy member" means a priest, rabbi, duly ordained, commissioned, or licensed minister of a church, member of a religious order, or recognized leader of any religious body.
- (bb) Registered dietitian who holds a certificate through the commission on dietetic registration and who is otherwise prohibited by 7 CFR 246.26 from making a report absent a state law requiring the release of this information;
  - (cc) Worker in the state department of human services.
- (2.5) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, video tape, negative, or slide depicting a child engaged in an act of sexual conduct shall report such fact to a local law enforcement agency immediately or as soon as practically possible by telephone and shall prepare and send a written report of it with a copy of the film, photograph, video tape, negative, or slide attached within thirty-six hours of receiving the information concerning the incident.
- (3) In addition to those persons specifically required by this section to report known or suspected child abuse or neglect and circumstances or conditions which might reasonably result in abuse or neglect, any other person may report known or suspected child abuse or neglect and circumstances or conditions which might reasonably result in child abuse or neglect to the local law enforcement agency or the county department.
- (3.5) No person, including a person specified in subsection (1) of this section, shall knowingly make a false report of abuse or neglect to a county department or local law enforcement agency.
- (4) Any person who willfully violates the provisions of subsection (1) of this section or who violates the provisions of subsection (3.5) of this section:
- (a) Commits a class 3 misdemeanor and shall be punished as provided in section 18-1.3-501, C.R.S.;
  - (b) Shall be liable for damages proximately caused thereby.
  - 19-3-307. Reporting procedures.
- (1) Reports of known or suspected child abuse or neglect made pursuant to this article shall be made immediately to the county department or the local law enforcement agency and shall be followed promptly by a written report prepared by those persons required to report. The county

department shall submit a report of confirmed child abuse or neglect within sixty days of receipt of the report to the state department in a manner prescribed by the state department.

- (2) Such reports, when possible, shall include the following information:
- (a) The name, address, age, sex, and race of the child;
- (b) The name and address of the person responsible for the suspected abuse or neglect;
- (c) The nature and extent of the child's injuries, including any evidence of previous cases of known or suspected abuse or neglect of the child or the child's siblings;
- (d) The names and addresses of the persons responsible for the suspected abuse or neglect, if known;
  - (e) The family composition;
- (f) The source of the report and the name, address, and occupation of the person making the report;
  - (g) Any action taken by the reporting source;
- (h) Any other information that the person making the report believes may be helpful in furthering the purposes of this part 3.
- (2.5) Notwithstanding the requirements set forth in subsection (2) of this section, any officer or employee of a local department of health or state department of public health and environment who makes a report pursuant to section 25-1-122 (4) (d) or 25-4-1404 (1) (d), C.R.S., shall include only the information described in said sections.
- (3) (a) A copy of the report of known or suspected child abuse or neglect shall be transmitted immediately by the county department to the district attorney's office and to the local law enforcement agency.
- (b) When the county department reasonably believes a criminal act of abuse or neglect of a child in foster care has occurred, the county department shall transmit immediately a copy of the written report prepared by the county department in accordance with subsection (1) of this section to the district attorney's office and to the local law enforcement agency.
- (4) A written report from persons or officials required by this part 3 to report known or suspected child abuse or neglect shall be admissible as evidence in any proceeding relating to child abuse, subject to the limitations of section 19-1-307.

CRS 19-3-309. Immunity from liability - persons reporting.

Any person, other than the perpetrator, complicitor, coconspirator, or accessory, participating in good faith in the making of a report, in the facilitation of the investigation of such a report, or in a judicial proceeding held pursuant to this title, the taking of photographs or X rays, or the placing in temporary protective custody of a child pursuant to section 19-3-405 or otherwise performing his duties or acting

pursuant to this part 3 shall be immune from any liability, civil or criminal, or termination of employment that otherwise might result by reason of such acts of participation, unless a court of competent jurisdiction determines that such person's behavior was willful, wanton, and malicious. For the purpose of any proceedings, civil or criminal, the good faith of any such person reporting child abuse, any such person taking photographs or X rays, and any such person who has legal authority to place a child in protective custody shall be presumed.

12-36-135. Injuries to be reported - penalty for failure to report - immunity from liability.

- (1) It shall be the duty of every licensee who attends or treats a bullet wound, a gunshot wound, a powder burn, or any other injury arising from the discharge of a firearm, or an injury caused by a knife, an ice pick, or any other sharp or pointed instrument that the licensee believes to have been intentionally inflicted upon a person, or any other injury that the licensee has reason to believe involves a criminal act, including injuries resulting from domestic violence, to report such injury at once to the police of the city, town, or city and county or the sheriff of the county in which the licensee is located. Any licensee who fails to make a report as required by this section commits a class 2 petty offense, as defined by section 18-1.3-503, C.R.S., and, upon conviction thereof, shall be punished by a fine of not more than three hundred dollars, or by imprisonment in the county jail for not more than ninety days, or by both such fine and imprisonment.
  - (1.5) As used in subsection (1) of this section, unless the context otherwise requires:
- (a) "Domestic violence" means an act of violence upon a person with whom the actor is or has been involved in an intimate relationship. Domestic violence also includes any other crime against a person or any municipal ordinance violation against a person when used as a method of coercion, control, punishment, intimidation, or revenge directed against a person with whom the actor is or has been involved in an intimate relationship.
- (b) "Intimate relationship" means a relationship between spouses, former spouses, past or present unmarried couples, or persons who are both the parents of the same child regardless of whether the persons have been married or have lived together at any time.
- (2) Any licensee who, in good faith, makes a report pursuant to subsection (1) of this section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed with respect to the making of such report, and shall have the same immunity with respect to participation in any judicial proceeding resulting from such report.
- (3) Any licensee who makes a report pursuant to subsection (1) of this section shall not be subject to the physician-client relationship described in section 13-90-107 (1) (d), C.R.S., as to the medical examination and diagnosis. Such licensee may be examined as a witness, but not as to any statements made by the client that are the subject matter of section 13-90-107 (1) (d), C.R.S.

### MANDATORY REPORTING Child Abuse

Statute: C.R.S. 19-1-103, 19-3-304, -307, -309

Definition	Required Reporters	To Whom is Issue Reported	What is Reported	Penalties for Failure to Report
19-1-103 Definitions. (1) (a) "Abuse" or "child abuse or neglect", as used in part 3 of article 3 of this title, means an act or omission in one of the following categories that threatens the health or welfare of a child:  (I) Any case in which a child exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fractures of any bone, subdural hematoma, soft tissue swelling, or death and either: Such condition or death is not justifiably explained; the history given concerning such condition or death; or the circumstances indicate that such condition may not be the product of an accidental occurrence.  (II) Any case in which a child is subjected to unlawful sexual behavior as defined in section 16-22-102 (9), C.R.S.;  (III) A case in which a child is a child in need of services because the child's parents, legal guardian, or custodian fails to take the same actions to provide adequate food, clothing, shelter, medical care or supervision that a prudent parent would take  18-6-401. A person commits child abuse if such person causes injury to a child's life or health, or permits a child to be unreasonably placed in a situation that poses a threat of injury to the child's life or health, or engages in a continued pattern of conduct that results in malnourishment, lack of proper medical care, cruel punishment, mistreatment, or an accumulation of injuries that ultimately results in the death of a child or serious bodily injury of a child.	19-3-304 A physician or surgeon (includes in-training), child health associate; medical examiner or coroner; dentist; osteopath; optometrist; chiropractor; chiropodist or podiatrist; registered nurse or licensed practical nurse; hospital personnel engaged in the admission, care, or treatment of patients; Christian Science practitioner; public or private school official or employee; social worker or worker in a any facility or agency that is licensed or certified pursuant to part 1 of article 6 of title 26, C.R.S.; mental health professional; dental hygienist; psychologist; physical therapist; veterinarian; peace officer; pharmacist; commercial film and photographic print processor; firefighter; victim's advocate; licensed professional counselors; licensed marriage and family therapists; unlicensed psychotherapists; clergy; registered dietician; worker in the state department of human services.	19-3-307 County department of Human services or local law enforcement agency.  Report known or suspected child abuse or neglect immediately and follow with a written report  Third party abuse (see definition bottom of page) is reported to law enforcement where the crime occurs.  Intrafamilial abuse is reported to the department of Human services where the victim lives.	19-3-307 When possible include: Name, address, age, sex, and race of child; name and address of person responsible for suspected abuse or neglect; nature and extent of child's injuries, including previous cases of known or suspected abuse or neglect of the child or the child's siblings; names and addresses of the persons responsible for the suspected abuse or neglect, if known; the family composition, the source of the report and the name, address and occupation of the person making the report; any action taken by the reporting source; any other information the person making the report believes may be helpful.	19-3-309 grants immunity to those persons who have made a report of child abuse or neglect, thereby protecting the reporting person from civil and criminal liability as well as termination of employment  Failure to report constitutes a class 3 misdemeanor.  Punishment is up to six months in prison and up to \$750 fine.  Additionally, the person shall be liable for damages proximately caused by failure to report.

GLOSSARY: Third Party Abuse is by any person who is not a parent, stepparent, guardian, legal custodian, spousal equivalent... or any person who is not included in the definition of Intrafamilial abuse.

<u>Intrafamilial Abuse</u> occurs within a family context by a child's parent, stepparent, guardian, legal custodian, or relative, by a spousal equivalent..or by any other person who resides in the child's home or who is regularly in the child's home for the purpose of exercising authority over or care for the child...except if the person is paid for such care and is not related to the child.

#### MANDATORY REPORTING

Domestic Violence Statute: C.R.S. 12-36-135

Definition	Who Reports	To Whom is Issue Reported	What is Reported	Penalties for Failure to Report
12-36-135 Any injury arising from the discharge of a firearm, or an injury caused by a knife, an ice pick, or any other sharp or pointed instrument that the licensee has reason to believes to have been intentionally inflicted, or any other injury that the licensee has reason to believe involves a criminal act, including injuries resulting from domestic violence.	12-36-135 Every licensee who attends or treats any injury that the licensee has reason to believe is the result of domestic violence.  When setting your agency's policy, it is our recommendation that you consult with your county District Attorney regarding how broadly to interpret "licensee." It should include anyone licensed to practice such as RN, NP, PA, MD, DO, etc.	12-36-135 Police of the city, town, or city and county or sheriff of the county in which the licensee is located.	12-36-135 Name and address of the victim. Name and address of the perpetrator, if known. Where the crime occurred.	12-36-135 grants immunity from any liability, civil or criminal to any licensee who, in good faith, makes a report  Failure to report constitutes a class 2 petty offense. (Defined in 18-1.3-503)  A fine of not more than three hundred dollars and/or imprisonment in the county jail for not more than ninety days.

### Glossary:

<u>Domestic Violence</u> means an act of violence upon a person with whom the actor is or has been involved in an intimate relationship. Domestic violence also includes any other crime against a person or any municipal ordinance violation against a person when used as a method of coercion, control, punishment, intimidation or revenge directed against a person with whom the actor is or has been involved in an intimate relationship.

<u>Intimate relationship</u> means a relationship between spouses, former spouses, past or present unmarried couples, or persons who are both the parents of the same child.

#### MANDATORY REPORTING

Sexual Assault and Sexual Assault on a Child

Statute: C.R.S. 18-3-402 & -405; C.R.S. 19-3-304, -307, & -309

Definition	Who Reports	To Whom is Issue Reported	What is Reported	Penalties for Failure to Report
18-3-402 Sexual contact by someone not the spouse where "the victim is less than fifteen years old and the actor is at least four years older" (also contained in 18-3-405, Sexual Assault on a Child) or  "the victim is at least fifteen years of age but less than seventeen years of age and the actor is at least ten years older than the victim and is not the spouse of the victim" (Bold added)  This includes sexual contact, sexual intrusion, and sexual penetration as defined in C.R.S. 18-3-401 Definitions.	19-3-304 A physician or surgeon (includes in-training), child health associate; medical examiner or coroner; dentist; osteopath; optometrist; chiropractor; chiropodist or podiatrist; registered nurse or licensed practical nurse; hospital personnel engaged in the admission, care, or treatment of patients; Christian Science practitioner; public or private school official or employee; social worker or worker in any facility or agency that is licensed or certified pursuant to part 1 of article 6 of title 26, C.R.S.; mental health professional; dental hygienist; psychologist; physical therapist; veterinarian; peace officer; pharmacist; commercial film and photographic print processor; firefighter; victim's advocate; licensed professional counselors; licensed marriage and family therapists; unlicensed psychotherapists; clergy; registered dietician; worker in the state department of human services.	19-3-307 County department of social services or local law enforcement agency.  Third party perpetrators (see definitions at bottom of page) are reported to law enforcement where the crime occurs.  Intrafamilial cases are reported to the department of social services where the victim lives.	19-3-307 Name, address, age, sex, and race of child; name and address of person responsible for suspected abuse or neglect; nature and extent of child's injuries, including previous cases of known or suspected abuse or neglect of the child or the child's siblings; names and addresses of the persons responsible for the suspected abuse or negligence, if known; the family composition, the source of the report and the name, address and occupation of the person making the report; any action taken by the reporting source; any other information the person making the report believe may be helpful.	19-3-309 Grants immunity to those persons who have made a report of child abuse or neglect, thereby protecting the reporting person from civil and criminal liability as well as termination of employment  Failure to report constitutes a class 3 misdemeanor.  Punishment is up to six months in prison and up to \$750 fine.  Additionally, the person shall be liable for damages proximately caused by failure to report.

GLOSSARY:

<u>Third party abuse</u> is by any person who is not a parent, stepparent, guardian, legal custodian, spousal equivalent...or any person who is included in the definition of intrafamilial abuse.

<u>Intrafamilial abuse</u> occurs within a family context by a child's parent, stepparent, guardian, legal custodian, or relative, by a spousal equivalent...or by any other person who is regularly in the child's home for the purpose of exercising authority over or care for the child...except if the person is paid for such care and is not related to the child.